

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90086 026 ***150.00

0002980

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 264788
 1. Corporation Name
CAMPUS LANDS CORP.



Principal Place of Business 29 BROADWAY NEW YORK NY 10006	Mailing Address 29 BROADWAY NEW YORK NY 10006
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1962	
21 13992 W. Hillsborough	26 13992 W. Hillsborough	4. FEI Number Av59-1009741		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Tampa FL	28 City & State Tampa FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33635	25 Country USA	29 Zip 33635	30 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MACLEOD, DEBORAH E. 4121 NW 37TH PLACE GAINESVILLE FL 32608			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBOS, CONSTANTINE P.	1.2 NAME	
STREET ADDRESS	29 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBOS, WILLIAM A	2.2 NAME	
STREET ADDRESS	29 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBOS, THEODORA K	3.2 NAME	
STREET ADDRESS	29 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARDINO, CAROL	4.2 NAME	
STREET ADDRESS	29 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARDINO, LUCIE	5.2 NAME	
STREET ADDRESS	29 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William P. Lambos Date: 4/7/99 Daytime Phone #: 813-891-6331

CR2E034 (11/98)